

PARKVIEW SCHOOL DISTRICT

APPLICATION FOR EMPLOYMENT (Instructional Assistant)

Position Applying for:	Social Security Number	Name (Last, First, Middle)
	Telephone Number ()	Mailing Address

EDUCATIONAL AND PROFESSIONAL TRAINING

(Chronological - Most recent first)

Schools	Location	Start Date	Graduation Date	Degree	Major/Subject	Credits/Certificates

EMPLOYMENT HISTORY

(Chronological - Most recent first)

From Month/Year	To Month/Year	Employer Name and Address	Name of Immediate Supervisor and Telephone Number	Duties and Responsibilities

State any special qualifications such as training or classroom experience which would qualify you for the position:

Qualifications/Training	Dates	Institution/City/State

Skills		
CPR-First Aid _____ Yes _____ No	Typing Speed _____ wpm	Word Processing _____ wpm
Signing _____ Yes _____ No	Foreign Language _____	Computers _____ Yes _____ No

Please list the name of two individuals, not previously listed,
who know of your work and qualifications.

References	
Name:	Title:
Organization:	Telephone Number:
Address: (Street) _____ (City) _____ (State) _____ (Zip) _____	
Name:	Title:
Organization:	Telephone Number:
Address: (Street) _____ (City) _____ (State) _____ (Zip) _____	

Please check any services you are interested in providing:

Study Hall Supervisor (Grades 7-12)
 Clerical work for teachers
 Noon hour/playground/lunchroom supervisor
 Instructional aide library/classroom library

Availability: Days per week _____ Time of day _____ Hours per day _____
 Other Considerations: _____

Do you hold a Wisconsin (833) certificate as a handicapped children's aide? Yes No

PERSONAL BACKGROUND: Include any experience or talent which you believe will contribute to your success in the position for which you are applying; experience with children, babysitting, artistic, musical talents, professional affiliations, hobbies, etc.

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____
 (If "Yes," please provide an explanation in an attachment statement.)

****A conviction will not be an automatic bar to employment and will be considered only as it relates to the job in question.**

I certify I fully understand the contents of this application and that the answers given by me are true and correct without omissions. I agree that the District shall not be held liable in any respect if I am denied employment or terminated following employment if it is verified that I submitted false statements and/or omitted substantive information.

_____ Date _____
 _____ Signature of Applicant

The Parkview School District does not discriminate on the basis of age, race, sex or sexual orientation, marital status, handicap, national origin, creed, arrest or conviction record or any other reason prohibited by state or federal law.

Parkview School District

106 W. Church Street – P.O. Box 250
Orfordville, WI 53576

Background Check

I fully understand that Parkview School District conducts background checks on all adult employees. My signature below gives permission for a background check to be conducted on me.

I also understand that the following information is provided *only for the purpose of the background check* and **will not be considered for employment.

**Race _____

**Date of Birth _____

Social Security # _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____
(If "Yes," please provide an explanation in an attached statement.)

A conviction will not be an automatic bar to employment and will be considered only as it relates to the job in question.

Signature of Applicant

Date

Printed Name of Applicant